

HIV/AIDS in Uganda

A USAID Brief

Innovative and rigorous approaches to HIV prevention and care, and an environment of strong political will and leadership created by President Yoweri Museveni, have established Uganda as a model for curbing the epidemic in the developing world. With the help of international and indigenous nongovernmental organizations (NGOs), including strong support from faith-based and community-based groups, Uganda successfully reduced its HIV prevalence by 50 percent from 1992 to 1999. At the end of 2001, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS), prevalence among the adult population was estimated to be 5 percent. The Ugandan Ministry of Health estimates prevalence at 6 to 8 percent.

Declines in HIV prevalence have been demonstrated among several populations. For example:

- *Urban populations:* According to a 2000 UNAIDS study, HIV prevalence among selected antenatal clinic attenders in Kampala declined from 31 percent in 1990 to 14 percent in 1998.
- *Rural populations:* The same UNAIDS study found that median HIV prevalence among antenatal clinic attenders at select rural sites declined from 13 percent in 1992 to 8 percent in 1998; and
- *Women:* Patients with sexually transmitted infections (STIs) who tested positive for HIV declined from 62 percent in 1989 to 37 percent in 1997.

The impact of HIV/AIDS continues to weigh heavily on Uganda, however. According to UNAIDS, at the end of 2001, an estimated 600,000 people were living with HIV/AIDS, and 880,000 AIDS orphans under age 15 were living in Uganda.

Eighty to 90 percent of new HIV infections are estimated to be due to unprotected heterosexual contact. The highest prevalence can be found among 20- to 39-year-olds. HIV/AIDS-related illnesses are the leading cause of mortality in adults 15 to 49 years old. According to 2001 data from Johns Hopkins University, 10 to 12 percent of the 1 million pregnant women who deliver in Uganda per year are estimated to be HIV-infected, accounting for the birth of 30,000 to 36,000 HIV-infected children every year.

According to U.S. Census Bureau data, in 2000, life expectancy was estimated to have



declined by more than 20 percent, from 54 to 43 years of age, since the beginning of the epidemic in the early 1980s. The crude death rate was estimated to be 50 percent higher than without AIDS. The infant mortality rate was estimated to be approximately 11 percent higher than it would be in the absence of AIDS. The child mortality rate (for children under age 5) was 163 per 1,000, compared with 133 without AIDS—a 23 percent increase, according to the U.S. Census Bureau.

NATIONAL RESPONSE

Strong political leadership has been the hallmark of Uganda's success in curbing the HIV/AIDS epidemic since the late 1980s. With the establishment of the first National AIDS Control Program in 1986 and the Ugandan AIDS Commission (UAC) in 1992, President Museveni has pursued an aggressive policy to combat HIV/AIDS since he took office.

Uganda's multisectoral response to the HIV/AIDS epidemic has played a key role in reducing the impact of the epidemic. Faith-based organizations, NGOs, and community service organizations were among the first to respond to community-level needs for prevention, care, support, and treatment services. In 1992, the UAC was established to coordinate the national multisectoral response, thereby creating a stronger platform for joint planning and coordination among ministries at the national, district, and community levels. With decentralization and the creation of the Local Government Act, districts are

becoming more proactive in mobilizing resources that link with community-level initiatives for socio-economic mitigation and care of vulnerable groups. Expanded partnerships with district and sub-district community service organizations are also helping to broaden geographic coverage and access to services.

The National Strategic Framework for HIV/AIDS Activities (2000/1 - 2005/6) is an intersectoral plan, involving all relevant Ministries including Health, Labor, Gender, Defense, Education, Information, and Agriculture. The government is pursuing a policy of decentralization with the objective of strengthening local governments and empowering communities to assess and monitor local responses to HIV/AIDS. The framework mandates that the UAC form a national joint planning team, established in 2002, and be comprised of representatives from government, NGOs, faith-based organizations, and the private sector. Each district is directed to establish a District AIDS Coordination Committee.

USAID SUPPORT

The U.S. Agency for International Development (USAID)/Uganda collaborates with and supports the government and NGOs working under the national strategic, multisectoral HIV/AIDS framework. In FY 2001, the USAID/Uganda budget for HIV/AIDS was \$13.4 million, up from \$9.3 million the previous year. In June 2001, USAID approved a new Integrated Strategic Plan for its programs in Uganda. Under the human capacity component of

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	600,000
Total Population (2001)	24 million
Adult HIV Prevalence (end 2001)	5.0 %
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	29.4 %
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	11.4 %

Sources: UNAIDS, U.S. Census Bureau

this strategy, HIV/AIDS-related activities will complement new integrated interventions to improve health and service delivery.

USAID has supported HIV voluntary counseling and testing in Uganda for over 10 years. Other key elements of the program include HIV/AIDS care and support, condom promotion, programs to care for children orphaned by AIDS, and programs to manage STIs. USAID also has supported extensive AIDS education programs in Uganda, including Africa's first AIDS education in the workplace program; one of the first HIV prevention programs in the military; and widespread AIDS education with community and religious groups.

USAID supports the following country programs:

- USAID has long provided direct assistance to the two largest indigenous HIV/AIDS NGOs in Uganda. Both organizations continue to be a model for the rest of Africa. The AIDS Information Center (AIC) is the first and largest organization in Africa to provide voluntary counseling and testing and, to date, has served more than 500,000 Ugandans. The AIDS Support Organization (TASO), the first indigenous AIDS organization in Africa, has provided care and support services to more than 60,000 registered individuals and their families. In addition to adult clients, TASO currently serves more than 1,000 orphaned and/or vulnerable children.
- USAID and the Centers for Disease Control and Prevention (CDC), through an inter-agency collaboration, are supporting a 5-year, \$20 million project to develop comprehensive, integrated HIV/AIDS Model Districts. This project, AIDS/HIV Integrated Model District Programme (AIM), supports 16 districts to plan, implement and monitor decentralized HIV/AIDS prevention, care and support services. AIM is also helping to strengthen the capacity of NGOs and community-based organizations to plan, manage, and provide essential services at national, district, and sub-district levels.

- The HIV/AIDS Food Assistance Program is a 5-year, \$30 million project to provide food assistance to more than 60,000 individuals infected by HIV/AIDS, or living in households where food security has been undermined by HIV/AIDS. This activity is implemented by faith-based groups and other NGOs, including TASO, Catholic Relief Services, World Vision, and Africare.
- In collaboration with USAID/Uganda's strategic objective to address democracy, governance and conflict, responses to HIV/AIDS are an integral component of programs designed to increase community resilience and dialogue in conflict-affected areas.
- Working with World Vision and the Policy Project, an initiative is underway to reinvigorate and strengthen the role of faith-based organizations in their response to HIV/AIDS. Capacity building for the Interreligious Council of Uganda, a consortium of major faith groups, as well as subgrants to community-based initiatives, are emphasized.
- USAID/Uganda also works in close collaboration with the UAC, UNAIDS, the Ministry of Health, UNICEF and other partners on national initiatives, including the development of a national strategic plan and policy for orphans and vulnerable children, an expansion plan for implementing programs that reduce the transmission of HIV from mother to child, and a strategy to effectively monitor and evaluate HIV/AIDS activities.

CHALLENGES

Though Uganda has made impressive progress in reversing the spread of HIV/AIDS over the last decade, it faces a number of challenges in continuing to curb the epidemic. Actions recommended by Uganda's National Strategic Framework for HIV/AIDS Activities, 2000/1 - 2005/6, include:

- Increase donor funding as well as greater budgetary allocations by both national and local government administrations, including

private sector contributions, through advocacy and information, education and communication campaigns.

- Establish a mechanism for monitoring and evaluation within the UAC, currently in draft.
- Direct local governments to review their respective HIV/AIDS situation and design appropriate interventions.
- Provide more resources to ensure greater access to prompt treatment of opportunistic infections related to HIV/AIDS.
- Foster regional efforts to combat the disease.

SELECTED LINKS AND CONTACTS

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3. National AIDS Documentation and Information Center. Rosemary Kindyomunda, P.O. Box 10779, c/o Uganda AIDS Commission, Kampala. Fax: (256-41) 258438. Web site: <http://www.aidsuganda.org/>
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*Prepared for USAID by TvT Associates under The Synergy Project.
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July 2002

